Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155170	A. BUILDING _____ B. WING _____	05/18/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTMINSTER VILLAGE MUNCIE INC	5801 W BETHEL AVE MUNCIE, IN 47304

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for a State Residential Licensure Survey. Survey dates: May 16, 17, & 18, 2011 Facility Number: 000086 Provider Number: 155170 AIM Number: N/A Survey team: Vicki Bickel, RN-TC Kim Davis, RN Census bed type: Residential: 178 Total: 178 Census payor type: Other: 178 Total: 178 Sample: 9 Westminster Village of Muncie was found to be in compliance with 410 IAC 16.2 in regard to the State Residential Licensure Survey. Quality review completed on May 18, 2011 by Bev Faulkner, RN	R 000		